

ATTORNEY FILE NO. 20000018.ORI

DECLARATION, POWER OF ATTORNEY, AND PETITION

I, CLAUDE TIHON, a citizen of the United States of America, residing at 11304 Bluestem Lane, Eden Prairie, Minnesota 55347, hereby declare that: my residence, post office address and citizenship are as stated above next to my name; and that I verily believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled "FEMALE INCONTINENCE PREVENTION DEVICE", the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the specification including the claims as amended by any amendment specifically referred to in the Oath or Declaration.

I acknowledge the duty to disclose information which is material to patentability in accordance with Title 37, Code of Federal Regulations, Section 1.56.

I hereby appoint NIKOLAI, MERSEREAU & DIETZ, P.A., a professional association, consisting of the following attorneys/agents and the following attorneys/agents individually: Thomas J. Nikolai, Registration No. 19,283; Charles G. Mersereau, Registration No. 26,205; Paul T. Dietz, Registration No. 38,858; Steven E. Kahm, Registration No. 30,860; and Kevin W. Cyr, Registration No. 40,976 of 820 International Centre, 900 Second Avenue South, Minneapolis, Minnesota 55402-3813; Telephone No. (612) 339-7461, my attorneys/agents with full power of substitution and revocation to prosecute this application and transact all business in the Patent and Trademark Office connected herewith.

Please direct all telephone calls and correspondence to: Kevin W. Cyr, Esq. at NIKOLAI, MERSEREAU & DIETZ, P.A., 820 International Centre, 900 Second Avenue South, Minneapolis, Minnesota 55402-3813.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name:

CLAUDE TIHON 11304 Bluestem Lane Eden Prairie, MN 55347

Date: 3/9/00



PATENT APPLICATION

ATTORNEY DOCKET NO. 20000018.ORI

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re App

CLAUDE TIHON

For

FEMALE INCONTINENCE PREVENTION DEVICE

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) and 1.27(c)) - SMALL BUSINESS CONCERN

I hereby declare that I am

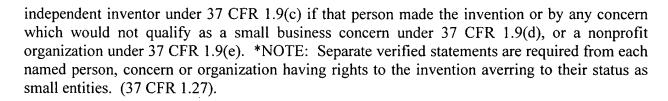
- () owner of the small business concern identified below:
- (X) an official of the small business concern empowered to act on behalf of the concern identified below:

ContiCare Medical, Inc. A Corporation of Minnesota 7680 Golden Triangle Drive Eden Prairie, MN 55344 A Small Business Concern.

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention entitled "FEMALE INCONTINENCE PREVENTION DEVICE" by inventor, CLAUDE TIHON, described in the specification filed herewith.

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights in the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an



NAME ADDRESS

() Individual () Small Business () Nonprofit Organization

NAME

ADDRESS

() Individual () Small Business () Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this Verified Statement is directed.

NAME OF PERSON SIGNING: TITLE OF PERSON IF OTHER THAN OWNER: ADDRESS OF PERSON SIGNING:

SIGNATURE COLLECTION Pres & CED DATE 3/9, 2000